

CODE-SWITCHING BETWEEN NURSE-PATIENT COMMUNICATION: BILINGUAL INTERACTION SOCIETY

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Abstract

The objective of this research is to investigate the code-switching in communication between nurse and patient which takes place in South Malang. The people speak Indonesian language, Javanese, and Madurese; therefore, they are living in a bilingual society. This research uses questionnaire to collect demographic data and audio recordings to collect the communication production between nurse and patient while a nurse is giving an initial assessment. The data are analyzed by looking at the code-switching from a sociolinguistic view. The result shows that nurse and patient use code-switching not because they cannot speak one of the languages but they do not want to throw respect to each other. It can be seen from the word used in Javanese which is part of the mid-high Javanese speech level.

Keywords: code-switching, nurse-patient communication, bilingual

INTRODUCTION

Communication is a key in initial assessment to achieve the main goal between nurses and patient that is to establish trust and motivation to recover (Liljeroos, Snellman & Ekstedt, 2011), therefore communication between nurse and patient called by therapeutic communication. This type of communication is not the same as communication in social interaction, this communication has a purpose to recover the patient by establishing trust (Zivanovic & Ciric, 2017). Therapeutic communication is always used by nurse to assess patients before they meet the doctor. This communication is designed regularly and directed (Nugroho, 2009 & Rahmah, 2016). In therapeutic communication nurse as a leader of communication event will make a move and initiate if the communication gets stuck.

In East Java, there are two dominant tribes live together in one community, especially in South Malang such as Javanese and Madurese. The language community in this study is diverse. The native of the people in South Malang speak Javanese but long time ago there were many people who spoke Madurese move to South Malang. This diversity of mother tongue or first language triggers people to use two languages. Recently, Madurese people in South Malang speak Javanese though their first language

or dialect (still) is Madurese in order to teach their children speak Javanese even Indonesian language. After acquiring the first language, people learned other language from the education such as Indonesian language. Furthermore, the native of Malang or Javanese learn speak Madurese as well. This happens because people want to mingle with others in community. Consequently, they speak two language or more languages or dialect and this is called by bilingual.

Many experts see and define bilingualism. Bloomfield argues that native language influences the other language used by the speaker, meanwhile, Weinreich argues that bilingualism is an alternative of using two languages (in Turnbull, 2007). It happens to the communication between nurses and patients in this study. Moreover, Grosjean (2018) argues that “bilinguals have developed their competencies in their languages to the extent required by their needs and those of environment.” He determines that they activate their language competencies based on their purposes and the interlocutor in psycholinguistic view. In this study, code-switching in bilingual community is analyzed using sociolinguistic view.

In sociolinguistics view, it does not look at the competency of the nurse and patient but look at where the communication takes place, people involve in communication, purpose, the choice of words/utterances, non-verbal language, media of communication, norm of communication and type of utterance (SPEAKING, Hymes: 1974).

In this study, patients come to Community Health Center in South Malang to get treatment. They see nurses first then are given initial assessment. In initial assessment both of them have conversation which use the same language to express their meaning. In Javanese culture, people tend to use high level of speech toward elderly, stranger, older interlocuter and even younger than the speaker. As a result of preliminary research, what happens in bilingual interaction between nurses and patient whose first language is Javanese is they switch and mix their language even in one utterance between Javanese and Indonesian language.

From preliminary research, it gets a view that nurse and patient in South Malang switch and mix their utterances in expressing their meaning. Therefore, this study concerns on code-switching used by nurse and patient. Research on code-switching is huge and various. In medical setting, Vickers, Goble and Deckert (2015) investigate

code-switching while patients and their family who are immigrants have medical consultation. Their result shows that patient who do not understand the language tend to become a non-participant in medical consultation. Al-Hamwan (2015) also research on code-switching among doctors and nurses in Jordanian Hospital. On his published thesis abstract, he reveals that the participants switch their language related to diseases and symptoms, part of body, medicine and treatment, equipment and implementation in spite of age, gender, occupation, educational background and residence. It is because there is no word equal in Arabic to express those. In 2004, Su & Chu investigate Nursing Notes in EFL Taiwan. The nurses still write in both English and Chinese. It is because of limited time and facilitates them to discuss further with medical professionals.

Based on the result of preliminary research and previous study, this study aims to investigate the code-switching in communication between nurse and patient which takes place in South Malang in initial assessment section. In this study, the participants are people from around Kepanjen and Gondanglegi Subdistrict.

RESEARCH METHOD

This study is descriptive qualitative that is to describe and understand deeply the meaning from what the researcher sees and listens (Stake, 2010). The result will describe the communication production between nurse and patient whom have different background of education, age, gender and occupation.

Table 1. Informants in Bilingual Interaction between Nurse and Patient

Gender	Age					Educational background		Mother tongue / dialect	
	20-29	30-39	40-49	50-59	60-70	Elementary – Senior high	Diploma – undergraduate	Madurese	Javanese
Male	√	-	√	-	-	√	√	-	√
Female	√√√	√	-	√	√	√√	√√√	√	√

Since the study about code-switching between nurse-patient communication, so the primary data in this research is the verbal communication product. Among nurses and patients are exposed to Indonesian language, Javanese and Madurese. The primary data are collected by recording the communication event in initial assessment between

nurse and patient also the family if they involve in the assessment. Secondary data is nurses and patients' demographic data. It is collected by giving them inform consent then a questioner which consist of their personal data. From the questioner it portrays that nurses and patient data are homogeneous results in their age, educational background, first language or mother tongue and dialect and the language they always use. Those factors influence the interaction as Iragiliati's argumentation (2012).

Recorded conversations are transcribed and initialized into N for nurse and P for patient; f for female and m for male. The data are tabulated then coded the suspected utterances or words using code-switching. In analyzing the data, the researcher analyzes based on sociolinguistics view and is assisted with questioners to reveals the reason use code-switching. After analyzing the data, it is validated using triangulation then draws the conclusion.

RESEARCH FINDING AND DISCUSSION

In this research, the conversation between nurse and patient happens in initial assessment before see the doctor. Nurses ask the symptoms patients got and treatment patients have done or nutrition they consume then check their vital sign. Since nurses and patients can speak more than one language, it will establish bilingual interaction society. Bilingual interaction triggers nurse and patient to activate their languages or dialect such as Indonesian language, Javanese and Madurese to express their meaning. They switch and mix their utterances.

Bilingual Interaction Between Javanese Nurse and Javanese Patient

In excerpt 1, a Javanese nurse female (Nf) consults with a Javanese patient male (Pm) whom suffers from hypertension. He is a job seeker. At first, the 45-year-old patient comes to community health center is not for getting treatment but for asking certificate of health because he is going to apply for a job. His latest education is in senior high school. In first question, the nurse starts using Indonesian language then from line 5 she mixes and uses Javanese.

Excerpt 1:

- 1 Nf : Bapak punya darah tinggi?
 Sir, have you got high blood pressure?
- 2 Pf : Iya.
 Yes.
- 3 Nf : Sudah lama?
 Has it been long?

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- 4 Pf : Ya lama.
Yes, it's been long.
- 5 Nf : Konsumsi obat napa darah tinggi ne?
What medicine have you taken?
- 6 Pf : Gak tau ngombe obat darah tinggi.
I've never taken any kind of high blood pressure medicine.
- 7 Nf : Enggak tau.
Never.
- 8 Nf : Tensine njenengan seratus tujuh puluh per seratus mmHg lo pak.
Your blood pressure is 170/100 mmHg, Sir.
- 9 Pm : Dukur nggeh?
It is high, isn't it?
- 10 Nf : Enggeh. Gak tau ngombe obat penurun hipertensi sama sekali?
Yes, it is. Have you ever taken hypertension lowering drugs at all?
- 11 Pm : Mboten.
Never.
- 12 Nf : Tensine rutin opo gak?
Do you check your tension regularly?
- 13 Pm : Mboten.
No.
- 14 Nf : Saiki sing dikeluhne pusing?
Now, what do you feel? Dizzy?
- 15 Pm : Mboten mbak.
No nurse.

This conversation is recorded while the nurse is assessing patient's blood pressure. In line 5, the nurse activates both Indonesian language and Javanese. She uses one word and a suffix in one utterance. *Apa* (what) is switched into *napa* and suffix *nya* in Indonesian language is switched into *ne* in Javanese. In line 6, the patient also activates Indonesian language and Javanese in one utterance. He uses Javanese to express the primary message (*gak tau ngombe* = I've never taken) and uses Indonesian language to express the noun (*obat darah tinggi* = high blood pressure medicine). Since the nurse asks using Javanese then in line 7 the patient answers the question using Javanese as well. After the blood pressure assessment done, the nurse reveals the result in line 8. She uses Javanese to express the subject (*tensine njenengan* = your blood pressure) and Indonesian language to express the adjective. In line 10, she uses Javanese to express verb (*gak tau ngombe* = have you ever taken) and Indonesian language to express noun and adjective. In line 14, the nurse expresses the symptom using Indonesian language (*pusing* = dizzy) and uses Javanese to express the main meaning (*saiki sing dikeluhne* = now, what do you feel). When we look closer to a word within the utterance in line 14, the nurse uses word from Indonesian language (*dikeluh*) and suffix from Javanese (*ne*). In Indonesian language, we usually use word "dikeluhkan".

In excerpt 2, a Javanese female nurse (Nf) consults with a Javanese female patient (Pf) whom got scars due to fall from stairs in Mosque. The patient is an elderly about 76 years old and a housewife. Her last education is elementary school. Nurse knows that her patient is Javanese elderly then she decides to speak in Javanese.

Excerpt 2:

- 1 Nf : Namine bu M.
 Your name is M.
- 2 Pf : Dalem nggeh.
 Yes, I am.
- 3 Nf : Gondanglegi kulon.
 From West Gondanglegi.
- 4 Pf : Nggeh.
 Yes.
- 5 Nf : Punya alergi obat?
 Are you allergic to any kinds of medicine?
- 6 Pf : Nggeh.
 Yes.
- 7 Nf : Alergi obat napa?
 What kind of medicine?
- 8 Pf : Niki lho sirah e kok catu, gatel.
 My head has scars, itchy.

This excerpt 2 shows that the short utterance conversation begins from the very first interactions. Nurse does not make any risk using Javanese. In line 5, when the nurse starts asking about medical record of the patient, she uses Indonesian language (*alergi obat* = medicine allergy) since there is no equal word in Javanese language. Unfortunately, the patient cannot answer the question correctly and change the topic. It seems the patient does not understand what allergic to medicine means. Patient prefers to explain her condition.

In excerpt 3, a Javanese female nurse consults with a Madurese female patient whom feels buzzing in her right ear. The 49-year-old Madurese female patient is a senior high graduate and a housewife. Javanese female nurse uses Javanese from the first time of consultation and then Madurese patient uses Indonesian language in expressing her main message.

Excerpt 3:

- 1 Pf : Telinga bermasalah, itu apasih, kayak berdengung.
 My right ear has got a problem. What's that? It's like buzzing.
- 2 Nf : Mulai kapan?
 When did it start?
- 3 Pf : Sudah satu minggu tapi nggak sakit, tapi Cuma mengganggu sekali.

- 4 Nf : *It's been one week but it's not hurting. But it's just very annoying.*
Nggak sakit. Enggak metu cairan napa napa?
Not hurting. Did your ear not release any fluid?
- 5 Pf : Enggak
No.
- 6 Nf : Mek g nyaman ngoten a?
Is it only annoyed you, right?
- 7 Pf : Mendengung kalau mendengar, mendengung.
It's buzzing when I listen, buzzing.
- 8 Nf : Gak mari kelebonan napa napa nggeh.
Did a foreign object get in your ear?
- 9 Pf : Mboten.
No.
- 10 Nf : Tak tingali riyeu nggeh. sing pundi? ... (patient gives her right ear.)
Niki telingane ana kotorane, akeh. Kudu dipendet nggeh.
Let me check first, which one?
There is dirt in your ear. It must be cleared up, ok.
- 11 Pf : Nggeh.
Yes.
- 12 Nf : Teng UGD.
At A&E room.

From the very beginning, the Javanese female nurse uses Javanese in asking the personal detail of the Madurese female patient. The patient answers using Indonesian language but her dialect is still Madurese. The Madurese patient switches Indonesian language into Javanese when she answers closed questions like yes (= *nggeh*) or no (= *mboten*) in line 5, 9 and 11. It is because there is no equal word in Javanese language. The nurse uses Indonesian language when it talks about noun that indicates patient symptom in line 4 (*cairan* = fluid) but she consistently uses Javanese language in asking her patient.

In excerpt 4, a Javanese female nurse consults with a Javanese female patient whom has got runny nose and cough. The patient is 48 years old and a teacher in an elementary school. This patient's educational background is graduated from a university. She speaks Javanese language in her daily communication. At first, between nurse and patient speaks Javanese language.

Excerpt 4

- 1 Nf : Batuk, pilek, pusing sampun dinten dinten?
Cough, runny nose, headache, how long?
- 2 Pf : Kala wingi.
Yesterday.
- 3 Nf : Mulai kala wingi nggeh. Ada panasnya?
It started yesterday, wasn't it. What about fever?
- 4 Pf : Mek gregegi
Just feel dizzy.

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- 5 Nf : Dahak e saget medal pas batuk?
Can you issue phlegm?
- 6 Pf : Batuk e mboten sanget namun serik ngoten.
The cough is not too severe but it is kind of itchy throat.
- 7 Nf : Kadosé kering ngoten nggih? Minum e manis-manis terus?
It seems dry cough, right? Do you always take sweet drink?
- 8 Pf : Mboten nate kula. Nek siang niku tok.
Never. I only have it in mid-day.
- 9 Nf : Huruf A ngoten.
Make an A.
- 10 Pf : AAAAAA
- 11 Nf : Kagungan riwayat darah tinggi bu?
Have you ever suffered from high blood pressure?
- 12 Pf : Darah rendah
Low blood pressure.
- 13 Nf : Darah rendah nggih, Ngeten niki nggregesi?
Low blood pressure, isn't it. Do you feel
- 14 ... tensinya delapan puluh per enam puluh, rendah geh.
... tensinya delapan puluh per enam puluh, rendah geh.
- 15 Pusing nggliyeng nggeh?
Pusing nggliyeng nggeh?
- 16 Pusing e nggliyeng napa cenut-cenut?
(while checking the blood pressure) your blood presser is eighty per sixty.
It's low, isn't it.
Do you feel spinning or throbbing?
- 17 Nf : Mboten, selama dua hari saking nganu niku ngoten mboten mari-mari.
No. For two days, I have got this headache.

In excerpt 4, the other Javanese female nurse consults with Javanese female patient who suffers from cough. In line 1, the nurse uses Indonesian language for the symptom (*batuk*, *pilek* and *pusing*) and Javanese language for the question in one utterance. In line 3, nurse uses the same strategies in asking the patient, Indonesian language for the symptom and Javanese language for the question. It also happens for next questions of the nurse. The patient answers using the same way as the nurse, Indonesian language for the symptom and Javanese language for the complete utterance. In line 7 in the middle of the Javanese language utterance, nurse switches into Indonesian language to express sweet (= *manis*). Moreover, in line 14, nurse uses Indonesian language to express the result of blood pressure (*delapan puluh per enam puluh* = eighty per sixty) and its adjective (*rendah* = low) though Javanese language has the equal words and meaning of those. Yet, in expressing different kind of dizzy, the nurse explains it in Javanese language. Not only the nurse, patient also switches into Indonesian language when says two days. She should have said *kalih dinten* in Javanese language instead of *dua hari* in Indonesian language.

In conclusion, between nurse and patient they use Indonesian language and Javanese language to express their meaning. Madurese patient is forced to use Indonesian language or Javanese language because none of the nurse could speak Madurese language. If they do not find the equal meaning in Javanese language, they will use Indonesian language.

CONCLUSION AND SUGGESTION

Initial assessment is a session for nurse and patient having consultation. This study takes place in South Malang which has heterogenous tribes such as Javanese and Madurese. As a result of preliminary research, Madurese people in South Malang are able to speak Javanese even the middle level of Javanese speech. It is because they want to mingle with native people of Malang. They also want to teach their children to be able to speak other language rather than their mother tongue only. Learning Javanese language is also fruitful because they can interact with the nurses because the nurses cannot speak other language except Indonesian language and Javanese language.

From the data display above, it finds that among nurse and patient use Indonesian language to express the symptom, and medicine, even numbers. Whereas, there are some words in Javanese and Madurese that equal to medical to express their symptom but they prefer Indonesian language to express their feeling. In addition, they also use Indonesian language to express an adjective and noun. Yet, the other medical terms, for instance allergy, express in Indonesian language. In short expression to convince the patient and vice versa, both of them consistently use middle level of Javanese speech (*nggeh/enggeh* and *mboten*). It also found in Al-Hamwn research (2015), Jordanians use English rather than Arabic to express the symptom and other medical terms because there is no word equal to it.

In conclusion, among nurses and patients activate their languages, Indonesian language, Javanese and Madurese in this context. It is in line with Turnbull (2007) that argues “when code-switching is used for contextualization purposes in bilingual or multilingual situations, it is often accompanied by changes in intonation, pitch and rhythm.” Madurese patient is very obvious that she speaks in Indonesian language but uses Madurese dialect. It is the same as Javanese patient. From the finding and analysis, it found that code-switching facilitates the communication among bilingual speaker as

long as switch language can be understood by both parties and facilitates them to express their message.

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